



CITY OF FRISCO VENDOR APPLICATION

Name of Business: _____

Tax ID Number: _____

Address: _____

Remit to Address: _____

Phone: _____ Fax: _____

E-mail : _____ Website: _____

Contact person: _____ Title: _____

Payment Terms: _____ Pager/Cell Number: _____

Are you a certified Historically Underutilized Business? _____ If so, please provide a copy of your certificate.

Please check the categories of goods or services you provide and list sub-categories:

- | | |
|--|--|
| <input type="checkbox"/> Field maintenance, equipment, and parts | <input type="checkbox"/> Building Construction |
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Road Construction |
| <input type="checkbox"/> Baking, food, equipment, etc. | <input type="checkbox"/> Utility Construction |
| <input type="checkbox"/> Building and construction supplies | <input type="checkbox"/> Consulting Services |
| <input type="checkbox"/> Clothing, athletic, work, accessories | <input type="checkbox"/> Fuel and Oil |
| <input type="checkbox"/> Computer hardware | <input type="checkbox"/> Industrial Supplies |
| <input type="checkbox"/> Computer software and networking | <input type="checkbox"/> Equipment Rental |
| <input type="checkbox"/> Furniture and appliances | <input type="checkbox"/> Police equipment & supplies |
| <input type="checkbox"/> Fire fighting equipment & supplies | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Parks & Recreation equipment & supplies | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Fleet maintenance equipment/parts | <input type="checkbox"/> Miscellaneous |

It is the vendor's responsibility to list their goods and services. The City is not liable if the vendor does not receive the correct bidding documents based on the items listed.

Commodity Codes: http://www.tbpc.state.tx.us/com_book/index.html

Codes must contain all five digits to be valid. Failure to provide all five digit may result in exclusion of bid notifications.

_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Please provide three (3) government entity references.

Reference 1

Name of Organization: _____

Contact Person: _____ **Title:** _____

Address: _____

Telephone: _____ **Fax:** _____

Reference 2

Name of Organization: _____

Contact Person: _____ **Title:** _____

Address: _____

Telephone: _____ **Fax:** _____

Reference 3

Name of Organization: _____

Contact Person: _____ **Title:** _____

Address: _____

Telephone: _____ **Fax:** _____

Please return this form to the City of Frisco Purchasing Division via fax (972) 335-5570 or mail to: City of Frisco, Purchasing Division, 6891 Main Street, Frisco, TX 75034. You may include brochures or line cards about your organization. It is the vendor's responsibility to contact the Purchasing Division at (972) 335-1695 x131 if there are ever any changes to your information.